



SETTI D. WARREN
MAYOR

Social Service Provider to Promote Economic Mobility in Long Term Supportive Housing for Low- Income Families

(October 20, 2016)

SOCIAL SERVICE PROVIDER REQUEST FOR QUALIFICATIONS (RFQ) #17-30

1. INTRODUCTION

The Purchasing Department of the City of Newton, Massachusetts ("City"), acting in conjunction with an appointed City Social Services Selection Committee ("SSSC"), is seeking the services of a qualified nonprofit social services provider, as defined by the provisions of this RFQ, to provide long term residence-based economic mobility coaching for low income families. This coaching program will be located at 1294 Centre Street, Newton, Massachusetts (the "Site"). The selected provider ("Provider") will coordinate with a developer selected by the City ("Developer") to design and implement a commercial and residential plan for the Site under a Request For Proposals to be issued in conjunction with this RFQ. The Provider will give input to the Developer on the design of residential use to optimize the Site as a physical location conducive for a safe, community integrated, respectful environment for adults and children to work toward positive, stable, self-sufficient outcomes.

The City is requesting the qualifications of a Provider which is interested and capable of providing the services specified below ("Services") and which is willing to work with the Developer. The Provider will provide a budget for the Services with the understanding that funding for this project has not yet been secured. The Provider will work with the City to help identify and secure potential funding sources.

A Statement of Qualifications (SOQ) response to this RFQ does not require the Provider to perform services prior to the funding being obtained. Moreover, selection does not guarantee that such funding will be obtained. The Provider will be offered the contract to provide social services once the funding is secured. The City reserves the right to identify second and third choice Providers based on SOQs received and to utilize their services if the contract is refused by the highest ranked Provider.

2. BACKGROUND

History, Profile and Organizational Structure

The City of Newton was settled in 1639 and incorporated as a City in 1873. The City is located approximately seven miles from downtown Boston, has a population of approximately 88,000 and occupies a land area of 18.33 square miles. The City is principally suburban-residential in character and consists of 13 distinct villages – Auburndale, Chestnut Hill, Newton Centre, Newton Corner, Newton Highlands, Newton Lower Falls, Newton Upper Falls, Newtonville, Nonantum, Oak Hill, Thompsonville, Waban, and West Newton.

The City is governed under a home-rule charter, which vests executive authority and responsibility in an elected Mayor, who serves a four-year term. Legislative authority is vested in a 24-member City Council, of which eight members are elected from the City's eight wards and sixteen are elected at large. Members of the City Council are elected every two years.

The Site at 1294 Centre St. was erected in 1927 and is significant to the civic history of Newton in that it was constructed with donations from Newton citizens as one of four architecturally similar branches in Newton's then new public library system. While the building use has changed (it was most recently occupied by the City's Health Department) and many interior spaces have been altered, most of the significant interior features remain intact and in decent condition. The building has suffered from deferred maintenance and significant investment is necessary to secure the integrity of the building, preserve historic features, and satisfy building code.

In 2012, local citizen experts appointed to a Joint Advisory Planning Group studied the site and made recommendations for the highest and best use of the property. Their report, as well as a report from the City's Planning and Development Department can be found here:

http://www.newtonma.gov/gov/aldermen/centre_street.asp

A key finding is "the site is small but its location is a key-stone within the center and the right use could instill a new kind of energy in the village."

In 2015, the City issued a Request for Interest (RFI) for the 1294 Centre Street property to gauge interest in reuse of the property. Based on the receipt of several responses, the Board of Aldermen (subsequently renamed City Council) issued a Board Order on November 2, 2015 #287-11(4).

The Vicinity. Newton Centre is a village of Newton, Massachusetts. The main commercial area of Newton Centre is a triangular area surrounding the intersections of Beacon Street, Centre Street, and Langley Road. It is the largest downtown area among all the villages of Newton, and serves as a shopping and dining destination for Newton, as well as the western suburbs of Boston. It contains child care centers and family friendly businesses, as well as being within easy reach of various public school locations.

Newton Center's village center has excellent transportation access; it contains a MBTA Green Line "D" Branch stop on Union Street. Traveling on Centre Street north connects Newton Centre to Newton Corner and the Mass Pike and is serviced by MBTA buses.

3. GENERAL INFORMATION

The City through its SSSC is currently seeking expressions of interest and qualifications from nonprofit social service organizations for the following work described in the Project Description section. SOQs from qualified nonprofits will be evaluated based on the criteria laid out below and Providers will be ranked based on their qualifications. The top ranked Provider will be offered the contract once the funding for the project has been secured, it being understood that lower ranked Providers may be offered the contract if negotiations with the first offeree are unsuccessful and the SSSC determines that the lower ranked Provider's qualifications are sufficiently strong and aligned with the project. The submitted budget of the project will be considered as an example only and will be subject to revision and negotiation once funding is secured.

The services to Site residents will start at a date determined by the final agreement between the City and the Developer (“Development Contract”). However, the preliminary discussions between the Developer and the Provider will likely start at the time the Development Contract is awarded. Steps to secure funding for the project will start upon the selection of the preferred social service provider.

If the City identifies additional or alternate physical locations to provide this type of service, it reserves the right to utilize the respondents from this RFQ to provide services at those locations rather than releasing another RFQ.

As the services sought under this RFQ will result in a contract between the City and an individual or nonprofit entity the purpose of which is to carry out a public purpose of support or stimulation instead of procuring supplies or services for the benefit or use of the City, this procurement is exempt from M.G.L. c. 30B. However, in order to obtain services with the highest value, the City has voluntarily undertaken this competitive RFQ. The City reserves the right to engage in negotiations with Provider(s) after the SOQs are opened, and to award contract(s) to Providers that may not have offered the lowest price, if it is determined to be in the best interest of the City to do so.

Copies of the RFQ may be obtained from the City’s Purchasing Department during normal business hours on or after 10:00 A.M. on October 20, 2016 from:

Purchasing Department
Newton City Hall
1000 Commonwealth Avenue Room 201
Newton, Massachusetts 02459
Email: purchasing@newtonma.gov
Phone: 617.796.1220

All interested parties must submit 6 hard copies of their SOQs as well as a digital PDF on a disk containing complete information as requested in the Proposal Submission Requirements described herein to the Purchasing Department at the address above by **10:00 a.m., December 1, 2016. NOTE: The submission date is later than the advertised submission date of November 3, 2016.** All SOQs shall be for the entire work required and the fee shall be negotiated.

1. Providers must direct any questions regarding this RFQ or the selection process in writing no later than 12:00 noon., November 25, 2016 to the Purchasing Department:

City of Newton Purchasing Department
purchasing@newtonma.gov

2. The City will make best efforts to give written responses to the questions to all individuals or firms requesting a copy of this RFQ by an email Addendum no later than November 29, 2016 by 3:00 p.m.
3. To receive addenda or responses to questions that may be issued, Providers are requested to register with City of Newton Purchasing Department at above email address.

4. PROJECT DESCRIPTION

The redevelopment project involves both the physical redevelopment and transformation of the Site, to include the historic restoration of the building and the construction of an addition to encompass 5-10 housing units with ground floor commercial (as requested in a related Request for Proposals for Development to be issued by the City), and the provision of wrap around social services to assist the families occupying the units (the subject of this RFQ). The social service element of this project is aimed at providing long term supportive housing for 5- 10 very low income and/or formerly homeless families with wrap around services designed to transition families to economic self-sufficiency. This RFQ is a component of the City's larger blueprint Newton LEADS 2040 to vision a future for Newton that is vibrant, sustainable, and offers opportunities for lower income constituents' access to the middle class and the ability to become self-sufficient. A key element of Newton LEADS 2040 is the Economic Growth¹ for all initiatives that specifically addresses economic mobility for vulnerable individuals and families.

The essential elements of the Provider's proposed Services should be fully described in the SOQ (no more than 15 pages, minimum 12 pt. font) and should include examples of experience and evidence of outcomes for those served:

- 3 – 6 year evidence based program model with concrete economic self-sufficiency benchmarks for families
- Comprehensive programming that addresses holistically education, career development, financial management, physical and mental well-being, and child needs
- Program models must include concrete plans for successful transitions to permanent housing and long term economic stability for residents
- Proposals might be based on intergenerational models or traditional adult focused models although intergenerational models will be viewed as preferable
- Measurable outcomes and data capabilities to demonstrate results
- Strategies for integration into the larger Newton community and building of partnerships is desirable

The following questions should be answered in your proposal submission:

- 1) How will the program be staffed and supervised? (provide resumes for key staff people as appendix – not to be included in 15 page count)
- 2) What services will be provided on site and how will they be provided?
- 3) What partnerships will you deploy (if any) for services provided either off site or by other experts
- 4) How will families be recruited and selected for the program?
- 5) How long will families be served by the program in the residential settings and how will they be transitioned to other housing upon successful completion of the program
- 6) Budget for this project using a cost per family model with the parameters that the program will house 5-10 families
- 7) What recommendations do you have for development of the physical space to optimize service delivery and how would you work with a developer to actualize those suggestions? (May include suggestions for incorporating commercial space on the first level as a supportive element to the social service programming overall)

¹ <http://www.newtonma.gov/economicmobility>

- 8) Please outline your experience working with developers and/or the creation of long-term supportive housing and how you would plan to potentially work with the City, the developer and/or any other partners to seek funding for this project
- 9) How will you measure success?
- 10) Please describe at least two other projects you have worked on providing wrap-around services and how this work influences the approaches you are outlining for this project.

Other materials (not included in 15 page limit)

- Proof of nonprofit IRC 501(c)(3) status
- Statement of financial position
- Description of board and leadership of the organization, including resumes of key managers of the project
- Completed and signed Form W9
- Completed and signed Non-Collusion Form

5. EVALUATION CRITERIA:

All Providers must demonstrate that they have significant experience, knowledge and abilities with respect to providing self-sufficiency services to low income families that result in measurable positive outcomes. The SSSC will evaluate SOQs based on Minimum Criteria that shall include, but not be limited to, the following:

A. Nonprofit qualifications and relevant experience

1. Past performance of the Provider in successfully providing similar services
2. Capacity and skills: identify existing employees and their expertise, outlining their role on the project
3. Data capacity and measurable results from past programming

B. Financial stability and Development

1. Financial stability as evidenced by sustainable, diverse funding sources and proven through audit review of recent financial statements
2. Description of development capacity and plans for fundraising (with potential partners including the City, the developer and/or other partners)
3. Sample budget including estimated cost per family for services

C. Project Team / Commitments / Availability

Key personnel: Provide an organizational chart that shows the interrelationship of key personnel to be provided by the respondent for this project and that identifies the individuals who will play key roles on this project. Specifically, describe the time commitment, experience and references for these key personnel including relevant experience in the supervision of projects that are similar in type, size, dollar value and complexity to the project being considered.

- D. Experience coordinating with a building developer and/or working with housing landlords as part of a social service program.
 - a. Experience in housing based programs
 - b. Experience working with landlords and/or developers
 - c. Description of physical considerations for optimal programming

In order to establish a short-list of Providers to be interviewed, the SSSC will base its initial ranking of Providers on the above Evaluation Criteria. Based upon the responses to the above Evaluation Criteria, the City will rank the Providers in each of the above categories, and will weigh them as follows:

A. Nonprofit qualifications	35%
B. Financial Stability and development	25%
C. Project Team	30%
D. Experience with developers/landlords	10%

The City may or may not, within its sole discretion, seek additional information from Providers.

6. SELECTION PROCESS AND SELECTION SCHEDULE

Process:

1. The SSSC will perform a review of all responses as follows:
 - a. The City has appointed the SSSC based on members' knowledge of social service programming, economic mobility and housing for the selection of the Social Service Provider to Promote Economic Mobility in Long Term Supportive Housing for Low-income Families
 - b. The SSSC will be responsible for reviewing each Provider's SOQ to determine if it has met the Minimum Criteria established in the RFQ. Providers who do not meet the Minimum Criteria will not be further considered.
2. The SSSC members will score each proposal that has met the Minimum Criteria based on the weighted evaluation criteria identified above.
3. Based on the initial scores the SSSC will rank the Providers
4. The SSSC reserves the right to schedule interviews with one or more of the Providers depending on their evaluations.
5. The SSSC anticipates informing Providers of their status by January 2, 2017.
6. The City reserves the right to re-advertise the RFQ if no Providers meet the SSSC's approval based on the stated criteria.

Schedule:

The following is a tentative schedule of the selection process, subject to change at the City's discretion.

Oct 20, 2016	Request For Qualifications issued
November 25, 2016, 12:00 noon	Deadline for questions from Respondents
November 29, 2016	Responses to the Questions sent to Respondents
December 1, 2016	SOQs Due by 10:00 a.m.

Requests for Qualifications may be obtained on or after October 20, 2016 from:

Purchasing Department
Newton City Hall
1000 Commonwealth Avenue Room 201
Newton, Massachusetts 02459
Email: purchasing@newtonma.gov
Phone # 617.796.1220

Any questions concerning this RFQ must be submitted in writing to the Purchasing Department, as indicated above, by 12:00 noon on November 25, 2016.

Sealed SOQs "RFQ #17-30 Social Service Provider to Promote Economic Mobility in Long Term Supportive Housing for Low-income Families"

and delivered to the Purchasing Department at the address above no later than 10:00 a.m. on December 1, 2016. The sealed SOQs must include 6 hard copies and a disk with a PDF.

SOQs shall be received in physical form only. Responses submitted by fax or electronic mail will not be considered.

The City assumes no responsibility or liability for late delivery or receipt of SOQs. All SOQs received after the stated submittal date and time will be judged to be unacceptable and will be returned unopened to the sender.

7. REQUIREMENTS FOR CONTENT OF RESPONSE

Submit 6 hard copies of the SOQ and one electronic version in PDF format on CD. All responses shall be:

- Typewritten;
 - Presented in an organized and clear manner;
 - Must include the required forms
1. Cover letter shall be a maximum of two pages in length and include:
 - a. An acknowledgement of all addenda to the RFQ.
 - b. An acknowledgement that the Provider has read the RFQ.
 - c. A description of the Provider's organization and its history.
 - d. The signature of an individual authorized to negotiate on behalf of the Provider
 - e. The name, title, address, e-mail and telephone number of the contact person who can respond to requests for additional information.

2. Selection Criteria: The response shall address the Provider's ability to meet the "Evaluation Criteria" section (Section 5 above) including submittal of additional information as needed. The total length of the SOQ may not exceed fifteen (15) single-sided numbered pages with a minimum acceptable font size of "12 pt." for all text (with an exception for financial statements which shall not be counted in this 15 page limit). Providers may also submit up to 2 supporting documents such as publications, which together are no more than 40 pages total.

- 3.

9. OTHER PROVISIONS

A. Public Record

All responses and information submitted in response to this RFQ are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10 and c. 4, § 7(26). Any statements in submitted responses that are inconsistent with the provisions of these statutes shall be disregarded.

B. Waiver/Cure of Minor Informalities, Errors and Omissions

The City reserves the right to waive or permit cure of minor informalities, errors or omissions prior to the selection of a Provider, and to conduct discussions with any qualified Provider and to take any other measures with respect to this RFQ in any manner necessary to serve the best interest of the City and its beneficiaries.

C. Communications with the City

The City's Purchasing Department:

Purchasing Department
Newton City Hall
1000 Commonwealth Avenue Room 201
Newton, Massachusetts 02459
Phone # 617.796.1220
Email: purchasing@newtonma.gov
Fax # 617.796.1227

Providers that intend to submit a SOQ are prohibited from contacting any of the City's staff other than the City Purchasing Department. An exception to this rule applies to Providers that currently do business with the City, provided, however, any contact made with persons other than the Purchasing Department must be limited to that business, and must not relate to this RFQ. In addition, such Providers shall not discuss this RFQ with any of the City's consultants, legal counsel or other advisors. ***FAILURE TO OBSERVE THIS RULE MAY BE GROUNDS FOR DISQUALIFICATION.***

D. Costs

The City is not liable for any costs incurred by any Provider in preparing a response to this RFQ or for any other costs incurred prior to entering into any Contract.

E. Withdrawn/Irrevocability of Responses

A Respondent may withdraw and resubmit its response prior to the SOQ submission deadline. No withdrawals or re-submissions will be allowed after the deadline.

F. Rejection of Responses, Modification of RFQ

The City reserves the right to reject any and all SOQs if the City determines, within its own discretion, that it is in the City's best interests to do so. This RFQ does not commit the City to select any Provider, award any contract, pay any costs in preparing a response, or procure a contract for any services. The City also reserves the right to cancel or modify this RFQ in part or in its entirety, or to change the RFQ guidelines. A Provider may not alter the RFQ or its components.

G. Subcontracting and Joint Ventures

Provider's intention to subcontract or partner or joint venture with other firm(s), individual or entity must be clearly described in the response.

H. Validity of Response

SOQs must be valid in all respects for a minimum period of ninety (90) days after the submission deadline.

CITY OF NEWTON

A handwritten signature in black ink that reads "Nicholas Read". The signature is stylized with a large, looped "N" and a cursive "Read".

Nicholas Read
Chief Procurement Officer

October 20, 2015

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.						
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)							
	Business name, if different from above							
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶							
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)						
	City, state, and ZIP code							
	List account number(s) here (optional)							
Part I Taxpayer Identification Number (TIN)								
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; text-align: center;">Social security number</td></tr><tr><td style="text-align: center;">or</td></tr><tr><td style="text-align: center;">Employer identification number</td></tr></table>			Social security number	or	Employer identification number			
Social security number								
or								
Employer identification number								
Part II Certification								
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none">The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), andI am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, andI am a U.S. citizen or other U.S. person (defined below). <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">Sign Here</td><td style="width: 40%;">Signature of U.S. person ▶</td><td style="width: 30%;">Date ▶</td></tr><tr><td></td><td></td><td>Name</td></tr></table>			Sign Here	Signature of U.S. person ▶	Date ▶			Name
Sign Here	Signature of U.S. person ▶	Date ▶						
		Name						
General Instructions <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Purpose of Form</p> <p>A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none">Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),Certify that you are not subject to backup withholding, orClaim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. <p>Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p>								
<p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none">• An individual who is a U.S. citizen or U.S. resident alien,• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,• An estate (other than a foreign estate), or• A domestic trust (as defined in Regulations section 301.7701-7). <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.</p> <p>The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:</p> <ul style="list-style-type: none">• The U.S. owner of a disregarded entity and not the entity,								

NON-COLLUSION FORM

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee club, or other organization, entity, or group or individuals.

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

Company: _____ **Telephone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail _____